

BUSINESS PARTNER AUTOMATION PROGRAM APPLICATION FOR CHANGES

PLEASE TYPE OR PRINT CLEARLY

SITE ID

BUSINESS PARTNER NAME (IF CHANGING NAME OF BUSINESS PRINT PRIOR NAME)

Check appropriate box(es) for change(s) being made to your Business Partner Automation Program (BPA):

SIDE A

- ☐ Closing site
- ☐ Changing business, corporate name, or Limited Liability Company (LLC) name
- ☐ Adding site \$175.00
- ☐ Changing address of principal place of business or site
- ☐ Adding employee ☐ Deleting employee
- The appropriate fee must accompany the application.

SIDE B

- ☐ Changing controlling director(s) and/or officers
- ☐ Changing members of Limited Liability Company
- ☐ Change of management/supervising BPA personnel
- ☐ Change of Partner(s) or Stockholder(s)

CHANGING BUSINESS NAME - Meeting minutes for corporate name change **MUST BE ATTACHED**

PRINT NEW NAME

ADDING OR CHANGING BUSINESS ADDRESS

NEW ADDRESS (NUMBER AND STREET)

TELEPHONE NUMBER

()

CITY STATE ZIP CODE

PRIOR ADDRESS IF CHANGING (NUMBER AND STREET)

TELEPHONE NUMBER

()

CITY STATE ZIP CODE

ADDING OR DELETING EMPLOYEES (The Business Partner must notify the department of all employee changes) Each individual being added must submit a personal history questionnaire and have live scan fingerprinting done.

DATE EMPLOYEE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DL OR ID NUMBER	BIRTH DATE	STATE ISSUED
	RESIDENCE ADDRESS (NUMBER/STREET)			
	CITY	STATE	ZIP CODE	
DATE EMPLOYEE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DL OR ID NUMBER	BIRTH DATE	STATE ISSUED
	RESIDENCE ADDRESS (NUMBER/STREET)			
	CITY	STATE	ZIP CODE	
REASON FOR DELETION				

CERTIFICATION

I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new Business Partner Automation Program application properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
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ADDING OR DELETING DIRECTOR(S)/OFFICER(S)/PARTNER(S)/STOCKHOLDER(S)/MANAGEMENT/SUPERVISORS

If adding or deleting director(s)/officer(s), partners, stockholders, list all director(s) and officer(s), partners, stockholders who, by reason of the facts and circumstances, could direct, control or manage the business partner office. If there are additional names, please attach a list.

Please note: Each individual listed below as being added must submit a Personal History Questionnaire and have Live Scan fingerprinting completed.

DATE ADDED	DATE DELETED	TRUE FULL NAME (Last, First, Middle)	TITLE

CERTIFICATION

I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
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ADDING OR DELETING MEMBER(S) OR MANAGER(S) LIMITED LIABILITY COMPANY

If adding or deleting member(s) or manager(s), list all controlling member(s) or manager(s) who, by reason of the facts and circumstances, could direct, control or manage the business partner office. If there are additional names, please attach a list.

Please note: Each individual listed below as being added must submit a Personal History Questionnaire and have Live Scan fingerprinting completed.

DATE ADDED	DATE DELETED	TRUE FULL NAME (Last, First, Middle)	TITLE

CERTIFICATION

I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
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IF CORPORATION, CORPORATE SEAL MUST BE PRESENT